

GAV 38H

PTO/SB/21 (12/97)

Approved for use through 9/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

JAN 14 2002

Total Number of Pages in This Submission

16

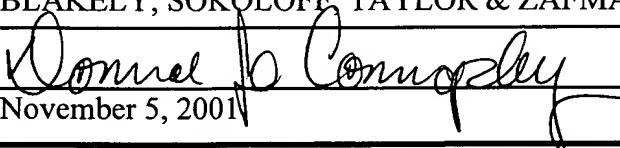
| | |
|------------------------|-------------------|
| Application No. | 09/469,406 |
| Filing Date | December 22, 1999 |
| First Named Inventor | Ali Keshavarzi |
| Group Art Unit | 2811 |
| Examiner Name | Kang, D. |
| Attorney Docket Number | 42390P7511 |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <div style="border: 1px solid black; padding: 5px;">Copies of 2 (two) cited references</div> |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

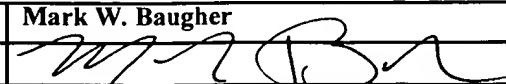
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|--|
| Firm or Individual name | Donna Jo Coningsby, Reg. No. 41,684 BLAKELY, SOKOLOFF TAYLOR & ZAFMAN LLP |
| Signature |  |
| Date | November 5, 2001 |

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:
November 5, 2001

| | |
|-----------------------|---|
| Typed or printed name | Mark W. Baugher |
| Signature |  |
| Date | November 5, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

664.00

Complete if Known

| | |
|----------------------|-------------------|
| Application No. | 09/469,406 |
| Filing Date | December 22, 1999 |
| First Named Inventor | Ali Keshavarzi |
| Examiner Name | Kang, D. |
| Group/Art Unit | 2811 |
| Attorney Docket No. | 42390P7511 |

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to credit any overpayments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Applicant claims small entity status. See 37 CFR 1.27.

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------|--------------|-----------------|---------------------------|
| Fee Code | Fee Code | (\\$) | |
| 101 | 740 | 201 | 370 Utility filing fee |
| 106 | 330 | 206 | 165 Design filing fee |
| 107 | 510 | 207 | 255 Plant filing fee |
| 108 | 740 | 208 | 370 Reissue filing fee |
| 114 | 160 | 214 | 80 Provisional filing fee |
| SUBTOTAL (1) | | (\$) | |

| 2. EXTRA CLAIM FEES | Extra Claims | Fee from below | Fee Paid |
|---------------------|--------------------|----------------------------|----------|
| Total Claims | Independent Claims | | |
| 38 | 4 | 28 = 10 X 18.00 = \$180.00 | |
| - | - | 3 = 1 X 84.00 = \$84.00 | |
| Multiple Dependent | | | |

*or number previously paid, if greater. For Reissues, see below

| Large Entity | Small Entity | Fee Description |
|---------------------|--------------|---|
| Fee Code | Fee Code | (\\$) |
| 103 | 18 | 203 9 Claims in excess of 20 |
| 102 | 84 | 202 42 Independent claims in excess of 3 |
| 104 | 260 | 204 140 Multiple Dependent claim, if not paid |
| 109 | 34 | 209 42 **Reissue independent claims over original patent |
| 110 | 18 | 210 9 **Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) | | (\$) |
| 264.00 | | |

3. ADDITIONAL FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|-----------------------------------|--------------|---|----------|
| Fee Code | Fee Code | (\\$) | |
| 105 | 130 | 205 65 Surcharge - late filing fee or oath | |
| 127 | 50 | 227 25 Surcharge - late provisional filing fee or cover sheet. | |
| 139 | 130 | 139 130 Non-English specification | |
| 147 | 2,520 | 147 2,520 For filing a request for reexamination | |
| 112 | 920* | 112 920*Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 1,840*Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 55 Extension for response within first month | |
| 116 | 400 | 216 200 Extension for response within second month | 400.00 |
| 117 | 920 | 217 460 Extension for response within third month | |
| 118 | 1,440 | 218 720 Extension for response within fourth month | |
| 128 | 1,960 | 228 980 Extension for response within fifth month | |
| 119 | 310 | 219 155 Notice of Appeal | |
| 120 | 310 | 220 155 Filing a brief in support of an appeal | |
| 121 | 270 | 221 135 Request for oral hearing | |
| 138 | 1,510 | 138 1,510 Petition to institute a public use proceeding | |
| 140 | 110 | 240 55 Petition to revive - unavoidable | |
| 141 | 1,240 | 241 620 Petition to revive - unintentional | |
| 142 | 1,280 | 242 640 Utility issue fee (or reissue) | |
| 143 | 460 | 243 230 Design issue fee | |
| 144 | 620 | 244 310 Plant issue fee | |
| 122 | 130 | 122 130 Petitions to the Commissioner | |
| 123 | 130 | 123 130 Petitions related to provisional applications | |
| 126 | 180 | 126 180 Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 40 Recording each patent assignment per property (times number of properties) | |
| 146 | 710 | 246 355 Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 149 | 710 | 249 355 For each additional invention to be examined (37 CFR 1.129(b)) | |
| 179 | 740 | 279 370 Request for Continued Examination (RCE) | |
| 169 | 900 | 169 900 Request for expedited examination of a design application | |
| Other fee (specify) | | | |
| Other fee (specify) | | | |
| *Reduced by Basic Filing Fee Paid | | | |
| SUBTOTAL (3) | | (\$) | 400.00 |

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---------------------------|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Donna Jo Coningsby | Registration No. (Attorney/Agent) | 41,684 | Telephone | (503) 684-6200 |
| Signature | <i>Donna Jo Coningsby</i> | | | Date | 11/05/01 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

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